

**State of Delaware
Group Health Insurance Program
New Rates Effective January 1, 2014**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
BCBSD First State Basic Plan			
Employee	\$547.38	\$525.48	\$21.90
Employee & Spouse	\$1,132.56	\$1,087.26	\$45.30
Employee & Child(ren)	\$832.10	\$798.82	\$33.28
Family	\$1,415.74	\$1,359.12	\$56.62
Aetna CDH Gold			
Employee	\$566.54	\$538.22	\$28.32
Employee & Spouse	\$1,174.70	\$1,115.98	\$58.72
Employee & Child(ren)	\$865.60	\$822.32	\$43.28
Family	\$1,492.34	\$1,417.72	\$74.62
BCBSD CDH Gold			
Employee	\$566.54	\$538.22	\$28.32
Employee & Spouse	\$1,174.70	\$1,115.98	\$58.72
Employee & Child(ren)	\$865.60	\$822.32	\$43.28
Family	\$1,492.34	\$1,417.72	\$74.62
Aetna HMO			
Employee	\$571.48	\$534.34	\$37.14
Employee & Spouse	\$1,204.88	\$1,126.56	\$78.32
Employee & Child(ren)	\$874.22	\$817.40	\$56.82
Family	\$1,503.44	\$1,405.72	\$97.72
BCBSD BlueCARE® HMO			
Employee	\$571.94	\$534.78	\$37.16
Employee & Spouse	\$1,208.70	\$1,130.14	\$78.56
Employee & Child(ren)	\$875.10	\$818.22	\$56.88
Family	\$1,508.04	\$1,410.02	\$98.02
BCBSD Comprehensive PPO Plan			
Employee	\$624.94	\$542.14	\$82.80
Employee & Spouse	\$1,296.80	\$1,124.98	\$171.82
Employee & Child(ren)	\$963.12	\$835.52	\$127.60
Family	\$1,621.18	\$1,406.38	\$214.80
BCBSD Medicare Supplement for Pensioners Retired Prior to July 1, 2012			
Special Medicfill with Prescription	\$361.78	\$361.78	\$0.00
Special Medicfill without Prescription*	\$205.06	\$205.06	\$0.00
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>			
BCBSD Medicare Supplement for Pensioners Retired After July 1, 2012			
Special Medicfill with Prescription	\$361.78	\$343.70	\$18.08
Special Medicfill without Prescription*	\$205.06	\$194.82	\$10.24
<small>*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D</small>			
Dominion Dental HMO			
Employee	\$22.68	\$0.00	\$22.68
Employee & Spouse	\$42.14	\$0.00	\$42.14
Employee & Child(ren)	\$45.42	\$0.00	\$45.42
Family	\$61.66	\$0.00	\$61.66
Delta Dental PPO plus Premier			
Employee	\$31.62	\$0.00	\$31.62
Employee & Spouse	\$64.54	\$0.00	\$64.54
Employee & Child(ren)	\$63.34	\$0.00	\$63.34
Family	\$105.70	\$0.00	\$105.70
EyeMed Vision Plan			
Employee	\$6.12	\$0.00	\$6.12
Employee & Spouse	\$9.64	\$0.00	\$9.64
Employee & Child(ren)	\$9.84	\$0.00	\$9.84
Family	\$15.88	\$0.00	\$15.88